



PROMOTING ACCESS AND UTILIZATION OF REPRODUCTIVE HEALTH SERVICES THROUGH USE OF MOBILE PHONES AND CASH FOR REFERRAL.

Study in Republic of South Sudan

Dragule Sunday Afgha: Tel. +211(0)922284665; E-Mail: dragule_phcss@afodi.org

Ecega Alfred Guli: Tel: +211(0)921756798; E-Mail: guli_edss@afodi.org

Action for Development-South Sudan

For more information, contact:

Name, dragule Sunday Afgha

E-mail:

dragule_phcss@afodi.org

Introduction

- South Sudan got independence from Sudan on 9th July 2011 following decades of protracted civil war for independence which has hampered the health system to the disadvantage of the rural communities.
- The Country has one of the highest Maternal Mortality Rates (MMR) in the world estimated at 2054/100,000 live births although approximately 46.7% of pregnant women attend at least one ANC visit, and only 14.7% are delivered by Skilled Birth Attendants.
- Budi County is one of the Counties with poor reproductive health indicators targeted for scale up by the national government and development partners to avert preventable maternal death.
- In this County, demand for health services is very low despite government interventions through establishment of community structures (Payam, Boma and Village Health Committees); provision, equipping and staffing of health facilities and established referral pathway from community, primary and tertiary health care. This was attributed to weak referral mechanisms and lack of motivation to the community resource persons that led to the three delays in maternal health services. It is against this background that AFOD has adopted two driver models in strengthening referrals, averting major delays in seeking Reproductive Health services. The main driver model is "m-referral networks" for EmONC cases by linking the community to the health facilities using the mobile telecommunication network; and the interlinked model is "Cash-for-Referral" where Household Health Promoters would be given performance based incentive on basis of number of referrals made in each month; It was anticipated that successful implementation may result into saving lives of mothers, newborns and children, and this initiative/innovation was expected to improve service delivery and quality of the already existing services, access and reduce health disparities/inequalities in Maternal Child Health service in Budi County and eventually the entire country.

Broad objective:

- To increase access and utilization of reproductive Health services with special focus on CEmOC in Budi County.

Specific objective:

- To strengthen referral chain using mobile telecommunication
- To provide performance based cash for referral incentive to Community Resource person to health facilities.

Approaches/Methodology

- Model one of "m-health referral" Mobile phones were used to strengthen referral of EmOC only in Budi County. Telecommunication network mapping was conducted, Home Health Promoters (HHPs) were clustered into Payam and Boma, each Boma were facilitated to select one leader who would be m-referral focal point person and was provided with a prepaid mobile phone, referral network was developed shared with the HHP leadership and facility m-referral focal point persons to avoid double referral and confusion. A total of 57 mobile phone were procured and distributed for this purpose.
- Interlinked model of "Cash-for-referral" was considered for registered and trained Household Health Promoters (TBAs, CHWs, and VHCs); each HHP was clustered in Boma and were oriented on the referral protocol. Referral network was structured in way that each HHP to make referral to the nearest health facility. Each HHP was rewarded with cash for referring mothers for ante natal care focusing on 4th visits, delivery and post-natal care. Referral for ANC and PNC were rewarded at 5SSP (\$0.5) and health facility delivery was rewarded with 10SSP (\$1) per referral. PHHs were further encouraged to accompany the mother to the facilities and most preferably to support 4th ANC visits and skilled delivery at health facilities. The continuum of referral was enhanced throughout the levels of care (Community-Primary Health care and Secondary and Tertiary care).
- Complimentary to the above two interlinked models, T-shirts were provided for all oriented HHPs (TBAs/CHWs) with behavior change communication messages that was help to support community to participate in sexual reproductive health activities and utilization. Pregnant women who come for fourth ANC visit were supported with clean delivery kit and a basin when they deliver in the hospital to motivate them and encourage more to deliver in the hospital as part of mother to mother education and sensitization on behaviour change.

Results

- A comparative analysis was done at the end of the project and findings revealed that 4th Ante natal care attendance increased from 46.7% to 65.1% and health facility delivery by skilled birth attendance increased from 14.7% to 31.2%.

Challenges, Lessons Learned and Conclusions

Challenges

- Intra and inter tribal conflicts in the County has negatively affected the success
- Unstable mobile communication network in the County
- Poor road access particularly in rainy seasons

Lessons learned:

- An easy way of improving reproductive health indicators in rural communities

Conclusion:

Mobile phone and cash for referral strategy improved reproductive health indicators in Budi County. If the innovation is replicated in other Counties, it will significantly improve maternal indicators in the Country.

